

**AMENDMENT TRANSMITTAL LETTER (LARGE)**

Applicant(s): Holt, et al.

Docket No.

190251-1270

Serial No.
08/876,839Filing Date
June 16, 1997Examiner
Tieu, Benny QuocConfirmation No.
5436Group Art Unit
2642

Invention: Method and Apparatus for Routing Calls Based on Identification of the Calling Party or Calling Line

Commissioner for PatentsMail Stop RCE
P.O. Box 1450
Alexandria VA 22313-1450**RECEIVED**

JUN 09 2004

Transmitted herewith is RCE in the above-identified application.

Technology Center 2600

The fee has been calculated and is transmitted as shown below

CLAIMS AS AMENDED

	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST # PREV. PAID FOR	NUMBER EXTRA CLAIMS PRESENT	RATE	ADDITIONAL FEE
TOTAL CLAIMS	28 -	26 =	2	X \$18.00	\$36.00
INDEP. CLAIMS	9 -	7 =	2	X \$86.00	\$172.00
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					\$290.00 \$
EXTENSION FEE	1 ST MONTH <input type="checkbox"/>	2 ND MONTH <input type="checkbox"/>	3 RD MONTH <input type="checkbox"/>	4 TH MONTH <input type="checkbox"/>	\$
	110.00	420.00	950.00	1480.00	
Other Fees: Request for Continued Examination (RCE)					\$770.00
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT					\$978.00

No additional fee is required for the type of document.

Please charge Deposit Account No. in the amount of .

A check in the amount of to cover the filing fee is enclosed.

A Credit Card Payment Form PTO-2038 is attached in the amount of \$770 for RCE Payment and \$208 for additional claims fees

The Director is hereby authorized to charge any deficiencies of the above fees or credit any overpayment to Deposit Account No. 20-0778.

Customer No. 38823

Jeffrey R. Kuester, Reg. No. 34,367

6-4-04

Date

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FEE TRANSMITTAL
for FY 2004

Effective 10/01/2003. Patent fees are subject to annual revisions.

Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT **(\$)** **978**

Complete If Known

Application Number	08/876,839
Filing Date	June 16, 1997
First Named Inventor	Holt, et al.
Examiner Name	Tieu, Benny Quoc
Group / Art Unit	2642
Attorney Docket No.	190251-1270

METHOD OF PAYMENT (check all that apply)

Check Credit Card Money Order Other None

Deposit Account

Deposit Account Number

20-0778

Deposit Account Name

Thomas, Kayden, Horstemeyer Risley, L.L.P.

The Commissioner is authorized to: (check all that apply)

Charge fee(s) indicated below Credit any overpayments
 Charge any additional fee(s) during the pendency of this application
 Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account

FEE CALCULATION**1. BASIC FILING FEE**

Large Entity Fee Code	Fee (\$)	Small Entity Fee Code	Fee (\$)	Fee Description	Fee Paid
1001	770	2001	385	Utility Filing Fee	
1002	340	2002	170	Design Filing Fee	
1003	530	2003	265	Plant Filing Fee	
1004	770	2004	385	Reissue Filing Fee	
1005	160	2005	80	Provisional Filing Fee	
SUBTOTAL (1)		(\$) 0			

2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE

Extra Claims	Fee From Below	Fee Paid													
Total Claims Independent Claims Multiple Dependent	<table border="1"> <tr> <td>28</td> <td>- 26** =</td> <td>2</td> </tr> <tr> <td>9</td> <td>- 7** =</td> <td>2</td> </tr> <tr> <td></td> <td></td> <td></td> </tr> </table>	28	- 26** =	2	9	- 7** =	2				<table border="1"> <tr> <td>X 18.00 = 36</td> </tr> <tr> <td>X 86.00 = 176</td> </tr> <tr> <td>290.00 =</td> <td></td> </tr> </table>	X 18.00 = 36	X 86.00 = 176	290.00 =	
28	- 26** =	2													
9	- 7** =	2													
X 18.00 = 36															
X 86.00 = 176															
290.00 =															

Large Entity Fee Code	Fee (\$)	Small Entity Fee Code	Fee (\$)	Fee Description
1202	18	2202	9	Claims in excess of 20
1201	86	2201	43	Independent claims in excess of 3
1203	290	2203	145	Multiple dependent claim, if not paid
1204	86	2204	43	**Reissue independent claims over original patent
1205	18	2205	9	**Reissue claims in excess of 20 and over original patent
SUBTOTAL (2)		(\$) 208		

**or number previously paid, if greater; For Reissues, see above

FEES CALCULATION (continued)

3. ADDITIONAL FEES	Large Entity	Small Entity	Fee Description	Fee Paid
	Fee Code	Fee (\$)	Fee Code	Fee (\$)
	1051	130	2051	65
	1052	50	2052	25
	1053	130	1053	130
	1812	2,520	1812	2,520
	1804	920*	1804	920*
	1805	1,840*	1805	1,840*
	1251	110	2251	55
	1252	420	2252	210
	1253	950	2253	475
	1254	1,480	2254	740
	1255	2,010	2255	1,005
	1401	330	2401	165
	1402	330	2402	165
	1403	290	2403	145
	1451	1,510	1451	1,510
	1452	110	2452	55
	1453	1,330	2453	655
	1501	1,330	2501	665
	1502	480	2502	240
	1503	640	2503	320
	1460	130	1460	130
	1807	50	1807	50
	1806	180	1806	180
	8021	40	8021	40
	1809	770	2809	385
	1810	770	2810	385
	1801	770	2801	385
	1802	900	1802	900
Other fee (specify)				
SUBTOTAL (3)				(\$) 770.00

*Reduced by Basic Filing Fee Paid

SUBMITTED BY

Typed or Printed Name
Signature

Jeffrey R. Kuester

Registration No. 34,367

Complete (if applicable)

Telephone
Number
Date

6-4-04

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